

KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY

**P.O. Box 1360
Frankfort, KY 40602
(502)564-3296**

<http://finance.ky.gov/bot/>

**REINSTATEMENT APPLICATION FOR LICENSURE AS AN
OCCUPATIONAL THERAPY ASSISTANT**

Applicant should submit in typewritten form or print clearly. Attach a check or money order payable to the Kentucky State Treasurer in the amount of \$75 and mail to the address above.

Name: _____ License #: _____

Social Security Number: _____

Home Address: _____
Street City State Zip Code

Work Address: _____
Street City State Zip Code

Phone Number (H) _____ (W) _____

Do you currently hold a license in any other state(s)? Yes ☐ No ☐

If yes, list the states and attach a copy of your current license(s) or identification card(s) showing the expiration date.

Do you have any complaints currently pending against a license held by you in any other state(s)?
Yes ☐ No ☐ If yes, attach explanation(s).

Have you ever had an application for licensure as an occupational therapy assistant rejected?
Yes ☐ No ☐ If yes, attach explanation(s).

Have you had any disciplinary action taken against a license held by you in any other state(s)?
Yes ☐ No ☐ If yes, attach explanation(s).

Have you ever been convicted of a felony? Yes ☐ No ☐ If yes, attach explanation.

Have you been convicted during the past five (5) years of a misdemeanor or any violation involving moral turpitude? Yes ☐ No ☐ If yes, attach explanation.

Have you ever been declared mentally incompetent by a court of competent jurisdiction and not thereafter been declared lawfully sane? Yes ☐ No ☐

Date your Kentucky license expired: _____

List the place(s) of your employment since your Kentucky license expired. Account for all time. If additional space is needed, please attach a separate sheet containing that information.

<i>Facility</i>	<i>City, State</i>	<i>Dates of Employment</i>	<i>Position</i>
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REQUIREMENTS FOR REINSTATEMENT:

- Submit completed verification form from each state in which you have held or currently hold a license.
- Submit a current OR initial copy of your large NBCOT certificate.
- If your license has been terminated for three (3) years or LESS from the time the application is filed, submit twelve (12) CCUs of qualified activities for maintaining continuing competence for EACH year in which your license has been in the status prior to receiving the license.
- If your license has been terminated for three (3) years or MORE from the time the application is filed, submit thirty-six (36) CCUs of qualified activities for maintaining continuing competence.

APPLICANT'S AFFIDAVIT
<p>I, the applicant name above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license revoked by the Kentucky Board of Licensure for Occupational Therapy.</p> <p>Date _____ APPLICANT'S SIGNATURE _____</p>

DO NOT WRITE BELOW THIS LINE – FOR BOARD AND OFFICE USE ONLY

Fee Received: \$ _____ Approved? _____ Not Approved _____
 Date: _____